



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

COMPLIANCE TOXICOLOGY, LLC

**Respondent Name**

HARTFORD ACCIDENT & INDEMNITY

**MFDR Tracking Number**

M4-17-3088-01

**Carrier's Austin Representative**

Box Number 47

**MFDR Date Received**

JUNE 19, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The charges referenced herein were filed with the Carrier and denied for 'absence of precertification/authorization'. We have requested reconsideration from the carrier and they are maintaining the denial rationale. Other dates of service for this claimant were paid by the carrier. We believe this claim has been arbitrarily denied."

**Amount in Dispute:** \$2,251.68

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Service in dispute was denied as documentation needed to support reasonable/necessary and relatedness. To date, the Hartford has no record of receipt, thus, service not authorized."

**Response Submitted by:** The Hartford

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 26, 2016	HCPCS Code G0479	\$529.84	\$75.75
	HCPCS Code G0483	\$1,721.84	\$269.03
TOTAL		\$2,251.68	\$344.78

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

## **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §180.22 outlines the healthcare providers roles and responsibilities.
3. 28 Texas Administrative Code §134.600 requires preauthorization for specific non-emergency treatments and services.
4. 28 Texas Administrative Code §137.100, is designed for disability management tools.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate.
  - 295-Service cannot be reviewed without report or invoice. Please submit report/invoice as soon as possible to ensure accurate processing.
  - 483-Medical report required for payment.
  - W3-Additional payment made on appeal/reconsideration.
  - 197-Payment denied/reduced for absence of precertification/authorization.
  - APPR-Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review. If you require additional information regarding this bill decision, contact the claim handler.

## **Issues**

1. Does the documentation support the treating doctor made referral for disputed services?
2. Does a preauthorization issue exist?
3. Does the documentation support billed service?
4. What is the applicable fee guideline?
5. Is the requestor entitled to reimbursement for the disputed services?

## **Findings**

1. According to the explanation of benefits, the respondent denied reimbursement for the disputed urinary drug tests based upon "APPR-Reimbursement is being withheld as the treating doctor and/or services rendered were not approved based upon handler review. If you require additional information regarding this bill decision, contact the claim handler."

28 Texas Administrative Code §180.22(c)(1) states, "The treating doctor is the doctor primarily responsible for the efficient management of health care and for coordinating the health care for an injured employee's compensable injury. The treating doctor shall: (1) except in the case of an emergency, approve or recommend all health care reasonably required that is to be rendered to the injured employee including, but not limited to, treatment or evaluation provided through referrals to consulting and referral doctors or other health care providers, as defined in this section."

On the disputed date of service, Dr. Martin was the claimant's treating doctor. A review of the submitted reports indicate that Dr. F. Earl Martin referred claimant to Compliance Toxicology, LLC for the urinary drug testing. Therefore, the respondent's denial based upon APPR is not supported.

2. The respondent also denied reimbursement for the disputed services based upon "197-Payment denied/reduced for absence of precertification/authorization."

28 Texas Administrative Code §134.600(p)(12) states, "Non-emergency health care requiring preauthorization includes: (12) treatments and services that exceed or are not addressed by the

commissioner's adopted treatment guidelines or protocols and are not contained in a treatment plan preauthorized by the insurance carrier. This requirement does not apply to drugs prescribed for claims under §§134.506, 134.530 or 134.540 of this title (relating to Pharmaceutical Benefits)."

Per the submitted medical bill the claimant's diagnosis was "F43.12 - Post-traumatic stress disorder, chronic."

The divisions' Official Disability Guidelines, ODG, are found at 28 Texas Administrative Code §137.100.

28 Texas Administrative Code (TAC) §137.100 (a) states, in pertinent part, "Health care providers shall provide treatment in accordance with the current edition of the Official Disability Guidelines - Treatment in Workers' Comp..." Health care provided in accordance with the Division treatment guidelines is presumed reasonable as specified in Labor Code §413.017, and is also presumed to be health care reasonably required as defined by Labor Code §401.011(22-a).

Per the Pain Chapter of the ODG, urinary drug testing is recommended for medication compliance assessments; therefore, the disputed service does not require preauthorization.

3. Another basis for denial of payment for the disputed service was based upon reason code "16-Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate."

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Per 2016 NCCI Policy Manual for Medicare Services, Chapter 12, section (A) states, "The HCPCS Level II codes are alpha-numeric codes developed by the Centers for Medicare and Medicaid Services (CMS) as a complementary coding system to the CPT Manual. These codes describe physician and non-physician services not included in the *CPT Manual*, supplies, drugs, durable medical equipment, ambulance services, etc."

The requestor billed HCPCS codes G0479 and G0483. The definition of these codes are as follows:

- G0479- Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed."
- G0483-Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument

variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed

A review of the submitted report supports the disputed testing; therefore, the respondent's denial based upon reason code "16" is not supported.

4. HCPCS codes G0479 and G0483 are HCPCS Level II codes and are subject to the fee guidelines outlined in 28 Texas Administrative Code §134.203(e).
5. 28 Texas Administrative Code §134.203(e) states, "The MAR for pathology and laboratory services not addressed in subsection (c)(1) of this section or in other Division rules shall be determined as follows: (1) 125 percent of the fee listed for the code in the Medicare Clinical Fee Schedule for the technical component of the service."

CODE	MEDICARE FEE SCHEDULE AMOUNT	MAR	CARRIER PAID	TOTAL DUE
G0479	\$60.60	\$75.75	\$0.00	\$75.75
G0483	\$215.23	\$269.03	\$0.00	\$269.03

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that reimbursement is due. As a result, the amount ordered is \$344.78.

### **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$344.78 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

#### **Authorized Signature**

_____	_____	07/17/2017
Signature	Medical Fee Dispute Resolution Officer	Date

### **YOUR RIGHT TO APPEAL**

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**